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CONFIRMATION NO. 1816

Bib Data Sheet

SERIAL NUMBER 10/786,556	FILING OR 371(c) DATE 02/25/2004 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. bulk 3.0-038
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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

INDIA 156/MAS/2003 02/28/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 05/19/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING 2	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

45776

TITLE

Crystalline form Z of rabeprazole sodium and process for preparation thereof

FILING FEE RECEIVED 990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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